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ERYSIPELAS AND SCARLET FEVER.

BY EDWARD WARREN, M.D., NEWTON LOWER FALLS.

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IN Vol. XLVIII. of this JOURNAL, I gave an account of a disease which prevailed here epidemically, about the years 1852 and 1853, taking various forms, from that of common inflammation to those more serious; cellular inflammation, malignant pustule, erysipelas, &c., all of which I was disposed to comprehend under the general name of irritative fever.

Since that period, there have been no fatal cases until this last spring. The health of this neighborhood has been remarkably good, although some faint returns of the epidemic have been seen every summer and winter, about the first of August and last of February; at seasons, in fact, when the animal system is relaxed by the continued heat of dog-days, or by the occurrence of mild wet weather in winter, after the system has been strongly braced up by continued cold.

The malignant pustule is very common at those times, and is attended with an amount of constitutional irritation perfectly surprising, as proceeding from a local cause apparently so trivial; often from a little blister upon the finger-joint, or a point like the prick of a needle.

During the general prevalence of influenza last spring, this disorder again became prevalent. Scarlet fever was also common, and several fatal cases occurred. In my former communications, I mentioned several cases which appeared to be very dubious. I will now adduce several more.

Two patients died of what was considered scarlet fever; I did not see either of them. In a neighboring house, a lady, the mother of a family, had an inflammation of the eyes of an erysipelatous character. After her recovery, one of her children was taken sick with vomiting, slight sore throat, with a rash of rather dark scarlet, perhaps I might say crimson. This rash con-

tinued out several days. Another child was then taken, and then a third, with the same symptoms. In the third case, the eldest of the three, the symptoms were all more severe; there was a rash covering equally the whole face and body, intense itching and stinging, depriving her of sleep at night, and more soreness of the throat than in the other cases, but not severe or alarming. In each case, the sore throat was of short duration.

In another house in the neighborhood of these two, two children were taken ill of what was considered scarlet fever. They recovered without medical attendance. While they were recovering, another was seized severely. He had severe sore throat, rash covering the whole surface of the body, and all the usual symptoms of severe (but not malignant) scarlet fever. I gave him a mixture of muriatic acid with confection of roses and cochineal, with Dover's powder. About the day after I saw him, a fourth in the same family was taken violently with similar symptoms. The sore throat was not severe, the rash was well out. There was great restlessness and irritation. I gave her the muriatic mixture, and Dover's powders. The next day, I found her much relieved, and I thought she was likely to recover. On my visit the next morning, I was astounded to learn that she was dead. She had suddenly become worse, continued to grow still worse through the day, and died in the night. In this case, there was no cerebral affection; there was not much difficulty in the throat. The patient died from irritation. According to her mother's account, "she wore herself out"; that is to say, she became exhausted by constant tossing and restlessness. The other patient, a boy of about four years old, recovered gradually under the use of quinine; and in none of these cases were there any sequelæ.

In another house in this village, on low ground, in which took place the fatal case of puerperal peritonitis described in the communication above alluded to, a house in which a tendency to erysipelas always exists, there occurred several cases, taking precisely the same form as those first described. The elder members of the family had attacks of erysipelas to a greater or less degree; the oldest of the children, aged about thirteen, had sore throat with a slight eruption, and recovered in a few days. After this, a boy of about five or six, was taken ill, had rather a dark-colored rash all over the body, and slight sore throat. He recovered after a few days, under the use of quinine, and began to go freely about the house. In the mean time, his sister, about two years older, was prostrated by the same disease. Her body was equally covered with a dark rash; she had slight sore throat and great prostration. She recovered very slowly, but was finally restored to good health.

While she was confined to her bed, her brother was again seized with violent symptoms—vomiting, apparent pain which he could not describe or fix, and whose situation could not be ascertained

by examination, swelling of the bowels and of the lower limbs. Despite of all remedies, he became worse, and had all the appearances of extreme agony—screaming, tossing in the bed, and never sleeping or lying still. He was perfectly rational, taking what was offered to him, and answering questions when spoken to. He died about forty-eight hours after this second attack, retaining his senses and a good deal of muscular power to the very last moment.

In ordinary cases of scarlet fever which prove fatal, there is extensive ulceration of the fauces, destroying life by affecting respiration; or there is a determination to the head, producing delirium, with intense heat of the surface and full rapid pulse. In the fatal cases above described, the affection of the throat was very slight, the pulse small and slow, and the brain unaffected.

About the last of November, the patient first mentioned, in this same house, was taken ill with vomiting, sore throat, and a scarlet rash covering the body. She was not very ill, and recovered under the use of the muriatic acid mixture and quinine. The second was next taken, and got through well. The third, a girl of about four, had the disease more thoroughly, the rash very full, but the throat not very sore. The rash lasted about the time of the eruption in scarlet fever, and she began to recover without severe symptoms. In about ten days, however, she was again seized with vomiting, which continued without cessation. She continued to grow worse for twenty-four hours. I found her in a state of partial collapse, vomiting everything given her, the abdomen tense and full, and the lower limbs swollen. Her pupils were fixed inward. I now directed all other medicine to be stopped, and alternate doses of spirits of nitrous ether and wine given freely, with strong beef-tea. I left her, with little hope of finding her alive at my next visit.

Contrary to my expectation, I found her rather better. After commencing the wine, the vomiting had ceased, and the other symptoms were no worse. At my next visit, I found a slight improvement, and this went on for some time. The wine and beef-tea were continued, without medicine. Shortly after, she had another attack similar to the preceding. I now substituted brandy in place of the wine, and continued it for a week or two, after which I dropped it, and gave the wine of iron. Her recovery has been very slow, but progressive. She had, for the time, entirely lost the power of walking, and could not even bear her weight on her feet. When I last saw her, however, about the first of January, she was beginning gradually to walk with considerable help.

About the first of December, a boy of ten, was seized with the common symptoms of scarlet fever—vomiting, a rash over the whole body, sore throat, &c. He was not very ill, and recovered with little difficulty. After his recovery, his sister, about two years older, was seized with vomiting, slight sore throat, and

catarrhal symptoms. A rash appeared upon the knees, which gradually extended over the whole surface of the body, attended with intolerable itching and stinging, and this rash, on minute examination, was found to consist of fine blisters.

After a day or two, small pustules appeared upon the foot and ankle, closely resembling the vaccine pustule, but with the apex circular, instead of oval. These were attended with intense irritation. The rash continued out over the body for four or five days, the pustules on the foot, in the mean time, slowly running together, and forming an abraded surface. The patient slowly recovered, became well enough to play about the room and even to go out; and I ceased my attendance. A few days after, I was called to her again, and found the other foot swollen and inflamed. The inflammation now extended over the whole body and face, assuming the usual form of erysipelas. She was not, however, compelled to take to her bed again, but was able to occupy herself in sewing, reading, &c. I now placed her upon a more stimulating course of diet, and gave her quinine and wine, with beef-steak once a day. I should have mentioned, that her appetite was capricious; she relished no other food but boiled cabbage, probably for the sake of the acid used with it, and very likely, also, because it was refused her at first. She recovered very slowly. In the mean time, her brother had a troublesome sore appear upon one heel; and the mother, who took care of them both, had a regular pustule upon one finger.

A rather singular case occurred about the same time, in a different locality. A family of four young children had successively the usual symptoms of mild scarlet fever, commencing with vomiting, catarrhal symptoms, slight sore throat, and a rash covering the whole body. They scarcely required any medical attendance. After they had recovered, the father came to me one evening. He had, the day before, had slight catarrhal symptoms, but had continued his usual occupations through the day I saw him. In the afternoon, some nausea and very slight sore throat came on. A rash had appeared on one arm, attended with considerable irritation. I gave him a mild soporific, and advised him to keep his house the next day, and commence the sulphate of quinine. I visited him the next morning, and found him completely covered, from head to foot, with a crimson rash. He said he felt quite well. He did not keep his bed at all, and was at work in a day or two.

In these cases, it is exceedingly difficult to distinguish between erysipelas and scarlet fever. In fact, as far as the patients and their friends are concerned, it is useless to make the distinction. The friends pronounce the disease to be scarlet fever, "whatever the doctors may say" to the contrary.

When the disease is fully formed, there is indeed very little external difference, at least upon superficial examination. The history of the case affords one diagnostic. If it occurs in a locality

where there has been no genuine case of scarlet fever, and the patient is not known to have been exposed to it—if any one of the family has had erysipelas or malignant pustule—if the rash first appears upon a limb, or the hand, the foot, in the eye, or ear, or on the face, there are strong indications of erysipelas. The sore throat, which occurs on or previous to the onset, hardly lasts more than twenty-four hours, while the rash is rather darker than in scarlet fever. Above all, the criterion of erysipelas given us by Sydenham, a stinging like that of bees, is as good now as it was in his day. I believe, also, that on minute examination, the rash will generally be found to consist in a surface of minute blisters congregated together.

In severe cases, one or more of these blisters progress to the state of pustules. They either run together and form one ulcerated surface, or one takes the lead and becomes developed into the malignant pustule, while the rest dry up and disappear. The malignant pustule may be considered as erysipelas condensed in a single point. I may name one more distinction between scarlet fever, and the cases I refer to. The former disease, as is well known, seldom occurs twice in the same individual; on the contrary, in the other disease, the person who has once had it is always more liable to it again.

Although the common locality of malignant pustule is the finger or hand, it not unfrequently takes place in the ear, and the suffering is then intense. In a former paper I have described the sensation, from my own experience, as resembling that which might be produced by a bee with a long sting extending from the pustule to the heart or stomach, while a fine iron wire heated to a *red* heat was boring by the side of this sting. In so sensitive a part as the ear, we may easily imagine how great the suffering must be. One treatment I have found successful in all the cases in this neighborhood. It is, to apply nitrate of silver daily upon and around the affected part—give a pill of antimony, opium, and submuriate at night, or one grain of blue pill, with half a grain of opium, for two or three nights, and a full dose of sulphate of quinine three times a day. A bread and milk poultice is also applied to the affected part.

Although these pustules generally appear after a wound, blister or abrasion of the skin, I have had ample evidence that they often arise without any such lesion, and undoubtedly from miasmatic influence upon the whole system. If erysipelas is produced by a poison in the blood, as modern authorities, I believe, allow, then malignant pustule is produced by the poison condensed in one minute point; while in diffuse inflammation, puerperal fever, &c., it may be supposed to act upon an aggregate of minute points; the poison being thrown out by the minute vessels upon a thousand minute points.

I find from Braithwaite, that Mr. P. H. Bird describes erysipe-

las "as merely an example on the skin, of that diffuse inflammation which in other tissues constitutes diffuse inflammation of the mucous membrane, diffuse phlebitis, puerperal fever—all of which have a common origin, a poison in the blood, are infectious and contagious, and may mutually produce each other." He thinks the term erysipelas should be confined to diffuse inflammation of the skin and subcutaneous cellular tissue. If so, then we want a more general term for all varieties of disease produced by erysipelatous poison, inhaled, or imbibed, or generated. Whether the term of irritative fever, employed by Dr. Butter, is suitable or not, I will not undertake to decide.

It has occurred to me of late, in observing the close resemblance between the cases described and scarlet fever, whether the former failures in the treatment of the latter disease, did not arise from its being treated by depletion and antiphlogistic regimen; whether the same treatment found beneficial in erysipelas would not be equally beneficial in scarlet fever?—nourishing diet, stimulants, and opiates. Is not scarlet fever caused by a poison in the blood, as well as erysipelas?

I find again from Braithwaite, that Mr. Meade, Senior Surgeon of the Bradford Infirmary, in a town where scarlatina has lately been frequent and fatal, describes the symptoms as in many cases bearing a close resemblance to erysipelas; and that he treated them in the same manner, with tonics and stimulants. After having employed ammonia, and the mineral acids with quinine, with success, he subsequently used the tincture of sesquichloride of iron; and this he has employed with great success in scarlet fever.

When I have employed the preparations of iron in erysipelas, I have found them less successful in this neighborhood than quinine. Many physicians, I know, place great confidence in iron. Different constitutions and different localities require, of course, different treatment. Whatever may be thought of the expediency of commencing at once a stimulating course in scarlet fever, I feel confident that a generous diet and stimulating treatment is required during convalescence; and I believe that thereby the formidable sequelæ may be avoided.

In the cases I have alluded to, whether they are called erysipelas, irritative fever, *aut quocunque alio nomine*, it is necessary to continue the quinine for some length of time. Otherwise, as soon as the quinine is abandoned the disease returns, unless the patient changes his residence.

February 15, 1859.

VARICOCELE—CLINICAL LECTURE OF M. NELATON.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Some of your readers may be pleased to know the views of this surgeon, who, having been attached for many years to the Military School of St. Cyr, was enabled to examine several cases of varicocele, and was induced to believe that this affection, though by no means rare, is neither well understood nor suitably treated—that errors are found in all the surgical works mentioning the subject—that the general causes to which its formation is attributed are wrongly stated, and really have no bearing in the matter.

Among the causes which our classical writers have much insisted on are found the three following:—hernia, with its consequent treatment, the truss; abdominal tumors; constipation.

If one examines the period of life when the varicocele is most frequently seen, namely, from the 16th to the 20th year, instantly he has a negation of the causes mentioned above, and considered the more predisposing agents in the malady.

Firstly, hernia is very rare at that age. M. Malgaigne, in 300 cases occurring between the ages of 10 and 40 years, finds only 26 cases between the 10th and 20th year.

Secondly, abdominal tumors are excessively rare in young subjects, especially at that period when you encounter the varicocele.

Thirdly, constipation. Young subjects are but rarely found who labor under this affection to a degree which, by its obstinacy, could be sufficient to produce a compression on the spermatic vein, and form the varicocele.

Again, hernia is much more frequent at the right than the left side—whereas varicocele is found almost constantly at the left.

From the autopsies which M. Nélaton has made, he proves that when a varicocele exists, the spermatic vein is tortuous, knotted and dilated throughout its course in the abdominal cavity; the hernial sac or the truss pressing upon the vein would cause the dilatation of the vessel below the inguinal ring only, and not within the cavity of the abdomen.

Anatomy has furnished a *supposed* solution of this abnormal condition, and to the question why is the varicocele most frequently found in the left spermatic vein, has given a plausible explanation by referring to the anatomical disposition of the vein, and the manner in which it joins the large trunk into which it pours its contents.

The right spermatic vein, near its junction with the ascending vena cava, pursues a direction nearly similar to that of the larger vessel, and by a gradual approach joins it at an acute angle, the two currents readily uniting and flowing onward without obstruction.

The left, on the contrary, it is stated, joins the emulgent renal

vein at a right angle, thus in a direction perpendicular to the current of blood coming from the kidney—a current considerably larger and moving with greater force. From this it appears that the spermatic vein is unable to empty its contents into the renal, in consequence of which is formed the varicocele.

This, however, is not true; the left spermatic vein does not enter the renal vein in a direction perpendicular to the latter, but bending outward from its course turns again inward, describing a double curve on itself, and falls into the renal vein, forming an acute angle, as the right spermatic in its junction with the vena cava.

Another reason assigned for the frequency of varicocele in the left spermatic vein is its greater proportional length. This may be disproved by the fact that a varicosed condition of the spermatic is not more common in tall men than in those of medium stature, though naturally we should find the veins longer in the former class.

The evil consequences of varicocele have been much overrated. Many authors state an atrophy of the testicle follows the varicosed condition of the vein. This is not by any means proved. To judge properly of the question, one should have ascertained that the subject was endowed with equal health and strength in each testicle before the appearance of the varix—and that after its advent the testicle had diminished.

That you find the testicle smaller when a varicocele exists, is at times true. But this is owing neither to a diminution in the testicle, nor an arrest in its development; the fact that the gland is small here, does not depend on the pre-existence of the varicocele, but they coexist accidentally. Nor because the testicle is small, can you judge that its power of secretion is less than its fellow gland; not unfrequently will you find a considerable difference in the weight of these glands, though their mutual functions are equally performed.

M. Nélaton thinks varicocele an affection whose cause is unknown—usually found in youth and rare in old age—that it disappears as man matures, and that the smaller ones are the most painful.

His treatment is determined by the facts, that they generally exist without pain, do not cause much inconvenience, that they *do not* cause an atrophy of the testicle nor any loss of its power, and that they disappear with maturity. He therefore insists on a palliative treatment—in ordinary cases, the use of a suspensory bandage; when considerable inconvenience arises, you may swathe the scrotum, thus supporting and compressing moderately the vessel, similarly to the elastic stocking for varicose veins of the leg—and only operating as the last measure in those cases where the pain is insupportable. Yours, with respect,

Paris, January 29, 1859. HALL CURTIS.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

JAN. 10th.—*Tumor of the Humerus.* Case reported by Dr. CABOT.

"C. F., aged 50, Irish, married, was employed at the gas-works. About a year since, he complained of pain in the right shoulder. Dr. ELLIS examined him, but was unable to detect any enlargement or other irregularity in the part. Soon after, he went to Ireland, and about the time of his arrival there observed a swelling in the affected shoulder, which continued constantly to increase until I saw him on Dec. 9th. At that time he was suffering great pain, so that he got but little relief; he was kept awake, and his general health deteriorated.

"He is thin, has a suffering and anxious expression of countenance. The right shoulder is much enlarged to below the insertion of the deltoid muscle; the skin over it is tense, thin, very slightly movable, mottled with reddish spots, probably from irritating applications. There is slight motion between the head of the bone and the scapula, and an indurated mass can be felt in the axilla, extending toward the trunk. There are some spots on the outward aspect of the tumor, somewhat yielding, though generally it is quite firm to the touch; it is not very tender. The patient was advised to enter the Hospital, and that his only chance was by amputation at the shoulder-joint. He could not, however, make up his mind to so serious an operation at the time, and did not enter the Hospital until Dec. 18th. Upon a consultation with the surgeons of the Institution, amputation was decided on as the only alternative to a painful death.

"After having thoroughly etherized the patient, an incision was made from the posterior angle of the acromion, in a curve extending nearly to the insertion of the deltoid, and terminating at the edge of the axilla; the posterior incision was carried from the commencement of the first in line, with a slight downward convexity to meet the other, leaving the skin immediately over the artery uncut; the large anterior flap was dissected up, necessarily very thin, as the disease reached to the under surface of the skin. The joint was exposed and opened from above, the attachments divided, and the vessels secured. It was found that the disease had extended over the joint, and that a large mass of disease was attached around the glenoid cavity and extended in a plate along the side of the thorax, though not adherent to it. The soft parts having been dissected up and turned back upon the shoulder, a portion of the scapula, including the glenoid cavity, a couple of inches of the acromion and the coracoid process, with a small portion of the clavicle, were sawed off, and the mass dissected out. It was necessary to tie the axillary artery again just below the clavicle; some other small arteries also required ligatures. Only a small quantity of blood was lost, but nevertheless the patient was several times, during the operation, in a very critical state, the pulse and respiration becoming suspended, and the face ghastly. After being put to bed, the pulse remained for a long time very small and weak, almost imperceptible; indeed, notwithstanding a free use of stimulants, opiates, &c., it was not until the third day that his condition became at all encouraging. At that time, however, he had a strong pulse, a good appetite, took with considerable relish beef-tea and other nourishing food, and a large slough was

being thrown off, with a good line of demarcation. This favorable state lasted until Dec. 24th, when his pulse began to fail, became very frequent, and on the 26th he died, having lived a little more than a week.

"Dr. Ellis made a microscopical and anatomical examination of the parts, of which the following is the report.

"The growth was five or six inches in length, and three and a half in thickness at the thickest part. It extended upward around the joint and beneath the coracoid and acromion processes. Attached to the glenoid cavity was a fragment of the scapula, three inches in length. None of the bones above the humerus were affected, the diseased mass lying in contact with them being merely a prolongation of the tumor upward. The head of the humerus retained its shape, but was soft and compressible, owing to the substitution of the morbid growth, which entirely occupied the place of the bone for more than an inch below. About four inches from the head was a fracture, or separation, resulting from absorption, the small conical upper fragment being firmly attached to the diseased mass.

"The substance of the tumor was of moderate consistence, of a whitish color, glistening, and more brittle and tenacious than ordinary encephaloid.

"Examined microscopically, it had an indistinct fibroid appearance, and contained a large number of corpuscles of various sizes, and more or less granular. Their average size was perhaps that of a pus corpuscle, but many were much smaller. There were also seen slender elongated bodies, without any decided character, and almost too irregular to be called fusiform.

Jan. 24th.—*Stones introduced into the Bladder.* The case was reported by a medical gentleman who was present, by invitation, at the meeting of the Society. Last December he was called to the patient, who was a respectable married woman about 35 years of age. Her general health was good, and her propensities were in no way remarkable, so far as he was aware. For some weeks she had had urinary symptoms, which had then become very severe. The catheter was used for some time; much blood and muco-purulent matter was mixed with the urine, and the whole was very offensive: the pain also being exceedingly severe, with a nearly constant desire to pass urine. She was, however, able to do her house-work. Shortly after he began his attendance, the Doctor felt a stone with the catheter, and, by a little management, was able to push it with his finger through the urethra; the patient had told him that she suspected its presence. Another stone was soon felt, and the forceps were required for its removal. This last, which was shown to the Society, measures three fourths of an inch in length, about one third of an inch in diameter, was smooth upon the surface, and, having been examined by Dr. John Bacon, had been pronounced to be "a rolled pebble of argillaceous rock." The first stone was not so long as this last. In January, the Doctor forced out a third stone, which seemed to be lying in the urethra near its entrance into the bladder; this was not so long, but larger in diameter than the second. Since then a fourth, of a triangular form, has been passed; her sufferings during the whole of this time having been very severe. One or two years ago, she first began these practices, so far as the Doctor is aware; and she was about to have a stone removed when it was discharged. The symptoms, which had been quite

urgent, were considerably relieved, but she has continued to suffer more or less from that time. Altogether, five stones have been discharged, and the Doctor thinks that they were all of the same kind; the patient, however, has contrived to have them mislaid, so that he has only been able to get the one that he showed to the Society.

[Since the above report was made, the Doctor states that he informed his patient of the result of Dr. Bacon's examination and of the inference to be drawn; but, in the strongest terms of injured innocence (as usual in such cases), she indignantly denied the charge of having introduced the stones. Seeing, however, that the Doctor stood his ground, she at last acknowledged the fact, and assigned as a reason for what she had done, domestic troubles and an intention of suicide.]

Bibliographical Notices.

A Treatise on Human Physiology; designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, M.D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, New York, &c. With two hundred and fifty-four illustrations. Philadelphia: Blanchard & Lea. 1859. 8vo., Pp. 608.

DR. DALTON'S book deserves, and will in due time, doubtless, receive a thorough examination at the hands of reviewers with space and leisure enough to do it justice.

This cannot be done briefly, because there is so much that is new in its pages of which some account must be given, and there are so many questions raised which must be examined in order to pronounce a well-founded opinion upon them. We propose nothing more than a glance at the qualifications of the author, the character of the work, the spirit in which it is conceived, the manner in which it is executed, and the tendency it indicates considered as an expression of the movement going on in the science of which it treats.

Dr. Dalton is one of the few native teachers of physiology who have made the discovery that an American has eyes, hands, organs, dimensions, senses, as well as a German or a Frenchman. He actually examines the phenomena he describes as they exist in Nature! He positively makes drawings from the real object he is speaking of, instead of appropriating a woodcut which was made, we will say in Germany, borrowed by an Englishman, reproduced in a cis-Atlantic reprint, and borrowed again by so many subsequent publications that we know it as well as the face of General Washington, and the transmigrations of Indus are as nothing to its reappearances! It is a miracle. Our former idea of a "Professor" used to be as of a wandering personage, lean as an Arab, provisioned like him with a little parcel of dried fruit—such as Science furnishes—and to be found at this or that scientific stand during the season—of lectures—as "Ethan Allen" or "Black Hawk" may be heard of at this or that stable by those interested. A very respectable occupation, this, of peddling the dry fruits of science! Let him who has not meddled with it, cast the first stone—we desire to throw no missiles. It may be well done or ill done: and when a teacher has the talent for doing it well—when he is

tolerably acquainted with the facts of his special department, can arrange them clearly, can eliminate the trivialities with which all special knowledge tends to clog itself, can say what he knows in good English and in a pleasant way, so as to keep the attention of his class, it is an act of as wanton cruelty to decry him as it would be to upset an old woman's apple-and-candy stand because she did not manufacture her goods or import them in the original packages.

Dr. Dalton, however, is not one of that kind. He belongs to a much rarer species of the genus "Professor Americanus." We remember him in these parts as a student who had a particular fancy for seeing and examining for himself, with a very clever handling of the pencil, too, which promised to be of service by-and-by. Then a young practitioner, in cholera times, doing good offices, of which record may be found in that excellent Report of Dr. H. G. Clark's, to which he contributed the *post-mortem* examinations. Then by-and-by a Professor, more or less peripatetic, but not subsisting on scientific dried fruit in his travellings and sojournings; on the contrary, always pulling down some bough of the tree of knowledge and showing his hands full of its juicy growths. Then tilting in the great national tourney (for the knights of the Lancet), and carrying off the first prize ever awarded (if our partial memory may be trusted) by the Association which embraces the medical wisdom of the heart of our hemisphere. At last fighting his way up, by sheer force of talent and labor, to a place in that venerable and dignified medical institution of our greatest city, where he now holds a place, eminent among colleagues who are known and respected throughout the land.

The work is, in its general character, just such as might be expected from the man. It is a classified record of facts—of the phenomena which belong to the living state. Not much time is given to hypothesis, but whatever is saved by this economy is used in the exposition of what is positively known. Neither is it only what is received as truth, but everywhere we can see the eye, the hand, the microscope, the test, the balance, trying the received opinion, which is weighed before it is adopted. It contains also many of those very interesting and important results which have been given to the world in other forms as the result of Dr. Dalton's ingenious and patient original investigations. The experiments on digestion and the properties of the fluids concerned in it, studied in animals made the subjects of artificial fistula; his very interesting researches on the corpus luteum, first made known in the Prize Essay referred to, will be found condensed in this more general work. Let us not forget the large number of illustrations, almost all of them from his own pencil, which make the sight of his pages so refreshing after those old woodcuts referred to, which have gone harlotting up and down our parasitical pages until they are only fit for the printer's house of correction as common type-walkers. Some of these new illustrations are particularly good—such, for instance, as the diagram of the circulation, on the 264th page.

The style of Dr. Dalton is so well adapted to the subject, that we would particularly commend it to the student whose taste has been vitiated by the verbiage and tinsel rhetoric of the lecture-room—in former years—for there is evidence that great abuses of the very respectable vernacular tongue we inherit, were once largely prevalent in some of these localities. It is a great deal better to use plain Eng-

lish with Dr. Dalton—straight-forward simple language—to clothe the naked facts of science. The gastric follicles can dispense with imaginative descriptions. We do not fancy a burst of uterine eloquence, nor think it necessary, because *placenta* means a cake, that this organ should be frosted over with ornamental epithets. An observer like Dr. Dalton rarely falls into this error; he wants a hundred eyes, but only a single tongue. The extinct species of lecturer referred to, was a cyclop so far as organs for seeing into nature were concerned, but it seemed as if he had a hundred tongues to dilute a minimum of knowledge into a maximum of expression. We emphatically recommend Dr. Dalton to the surviving students of that generation; they will find his style the best of tonics after their debilitating regimen.

The tendency of physiology, as shown in this work, which may be considered as a good index of its movement, is more and more in the direction of observation and away from speculative discussion. The microscope furnishes a vast basis of positive anatomical data, which, in the days of Haller, or of Bostock, even, were represented only by a mass of conflicting statements, depending on the imperfection of instruments and the chromatic aberrations of the observer's fancy. Chemistry, with all its imperfections and changes in nomenclature, and periodical upheavals, has yet added some important facts to physiology, and many convenient terms for the expression of our ignorance. The *catalytic* action, for instance, is largely invoked to account for many of those changes, of which all that we know is that they happen in the living body, and in certain parts of the living body, and nowhere else. Dr. Dalton is himself practically acquainted with organic chemistry, which can be said of few physiologists.

We may particularly recommend to the student the Lecture on Reproduction. Nowhere are clear description and good illustrations more necessary than in the exposition of this difficult branch of physiological study. Great care has evidently been taken in writing this section, which contains many new and interesting observations, and is illustrated with ingenious diagrams and figures of embryonic growths from the author's private collection.

A book of genuine merit like this deserves hearty praise before subjecting it to any minute criticism. We are not prepared to find any fault with its design or execution, until we have had more time to appreciate its merits as a manual for daily consultation, and to weigh its statements and conclusions more deliberately. Its excellences we are sure of; its defects we have yet to discover. It is a work highly honorable to its author: to his talents, his industry, his training; to the Institution with which he is connected, and to American Science.

The Microscope and its Application to Practical Medicine. By Lionel Beale, M.B., F.R.S., &c. Second Edition, with 270 wood cuts and a colored plate. London: John Churchill. 1858. 8vo. Pp. 390.

The above work supplies a want which the student has long felt, that of a comprehensive, and, at the same time, compendious treatise upon the application of the microscope to practical medicine. In the first chapter are described and figured the microscope and all accessories necessary for the preparation and preservation of objects.

The advice with regard to the kind of microscope most suitable for ordinary use, is very judicious. It is undoubtedly true, as Bennett

says, that "a very imposing mass of brass work and mechanical complexity is no guarantee that you will see objects better, or, what is of more consequence, become good observers. On the contrary, the more unwieldy the instrument, the less disposed will you be to use it. Nothing indeed can be more amusing than to see a man twisting his screws, pushing his heavy awkward stage about, and laboriously wasting time to find a minute object, which another can do in a moment, and without fatigue, by the simple use of his fingers." Simplicity is a very important requisite, but powerful lenses need not be sacrificed to it. Unless we use at times more than 215 diameters, as recommended, it is impossible to detect the real points of difference between certain objects, and in Fig. 255 we have the proof of it. Here are represented cells found in a cancerous growth, and, without admitting the existence of a specific cell, we may with safety say that there is nothing seen which has ever been regarded as characteristic of the disease. The so-called tubercle corpuscle is also too small to be recognized unless magnified much more than in Figs. 195 and 196.

At the end of the chapter is Dr. Robertson's table for the conversion of one measurement into another. This will be found very valuable, as different authors make use of the expression of measurement peculiar to their respective countries.

In the remaining chapters are to be found descriptions of various parts of the body, healthy and morbid, their preparation and preservation, the application of chemical tests, &c. &c. To enumerate all, would be to reprint the table of contents. We will, however, give a specimen of the concise, decided manner, in which the writer speaks, by quoting his remarks on pus, tubercle and cancer, the nature of which is still so much discussed that but few have any fixed opinion about them. We have here, however, in a few words, what appears to be the truth, as far as it admits of demonstration, and the author states it as if he believed it to be so.

With regard to pus he says, "the cells above referred to have been considered as characteristic of pus, and much trouble was taken in the earlier days of microscopical research, to assign definite characters to them, by which they might be distinguished from the so-called 'mucous corpuscle' and other cells which they much resemble. Such a distinction, however, cannot invariably be made, for cells agreeing in their microscopical characters with the pus globule, are not unfrequently formed upon the surface of a mucous membrane, without its functions being seriously impaired, and certainly without the occurrence of those pulmonary changes, which usually precede the formation of pus; and cells are found in the lymph, or the blood in the lymphatic glands, or the serous fluid in the interior of certain cysts, and in many other situations, which in their size, form, and general appearance, so much resemble the globules found in true pus, that it is quite impossible to assign characters by which they may be distinguished.

"At the same time, it must not be supposed that the diagnosis of pus is a matter of secondary importance; and all that is intended in introducing these observations is to impress upon the student the importance of not stating that pus has been found in any particular locality or in any particular fluid, merely because a few cells, having all the characters of a pus globule, have been observed. If, however, we find a considerable number of globules in the field of the miscroscope, of nearly uniform size, agreeing in general characters with the pus corpuscle,

and, upon the addition of acetic acid, exhibiting the characteristic reaction, we shall seldom be wrong in calling them pus cells. In examining the blood, in cases in which the white corpuscles are enormously increased in number, there can be no difficulty in deciding, since we have every reason to believe that pus globules could not possibly exist in the blood under the same circumstances."

In connection with tubercle, he speaks of the microscopic character only, and particularly of the so-called tubercular corpuscles which he thinks "cannot be regarded as the essential characteristic elements of the exudation, for they are not always to be made out in structures which are evidently tubercular."

Without telling us what A, B and C say of cancer, and then leaving us to decide for ourselves, he states "that no single element of which the structure is composed, can be looked upon as characteristic of true cancer. Neither the character of the cells, nor the nature of the matrix, nor the arrangement of the elementary constituents, can separately determine the point, and it is only by carefully noting the collective appearances observed upon a microscopical examination, that we shall be enabled to decide. In the great majority of cases, however, it is possible to speak with tolerable certainty; but at the same time it must be borne in mind that instances come under notice, from time to time, in which the most careful and experienced observers would be unable, from a microscopical examination, to determine the nature of the tumor."

Having thus allowed the author to speak for himself, we can only add that those interested in the microscope will find in the above work many other useful hints, for which we must refer them to the index.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 24, 1859.

THE DECAY OF PHYSICIANS.

Under the above title, the *Courier* of the 15th inst. has an article, the writer of which indulges in some sentimental and not unpleasing reminiscences of physicians, as he recollects them in the days of his youth, and laments that they have passed away with their generation, to be seen no more. It is natural for our memories to linger fondly around the scenes of other days, and for us to imagine that nothing so good exists at the present time. The long vista of years through which we look imparts a mellowness and beauty to the view, softening the rugged outlines, concealing much that was painful, and enhancing what was pleasing. As we recall the venerable features, the kind manners, the upright character, the widely-acknowledged professional ability of the village doctor, who perhaps ushered us into the world, and who ever stood ready to help and to save, in all our sicknesses, through half our life-time, we are apt to think that such a combination of wisdom and goodness is no longer to be found. So will our children look back with fond regret to the present time, and

remembering with love and respect many a practitioner now among the living, believe that the race of good physicians died out with him.

But is this so? Have medical men degenerated, either in moral character or professional skill, in these latter days? If they have, there must be something in the study or the practice of the science which makes it a remarkable exception to all others—which tends to keep it stationary, while all the rest of the world improves. In what respect are physicians of the present day inferior to those of the past? Certainly not in worth, respectability, integrity, humanity. We defy any one to point out a body of men to whom, on the whole, these epithets can be more justly applied than to the members of the medical profession of the present day. Their daily walk is one which almost necessarily tends to develop all that is best in the character. They enter on the study of their profession with the knowledge that their life is to be one of toil and self-sacrifice, and with the prospect of earning a bare competency only. Their time is at the disposal of others, their hours of relaxation are few and brief, their nightly repose constantly liable to interruption. Their avocations bring them in contact with the suffering, the destitute, the dying. Is this the kind of employment which makes men selfish, mercenary, immoral, inhuman? We indignantly deny that, in respect to character and worth, physicians of the present day are one whit inferior to their predecessors.

In point of professional skill, in the ability to treat and cure disease, if the present generation of medical men are not superior to their fathers, we may as well shut up our schools, burn our books, and ignore all the vast stores of knowledge which have so rapidly advanced the practical utility of medicine during the last fifty years. It would be a most remarkable fact if we could not treat diseases better, cure them more quickly, and above all, prevent them more effectually, than our ancestors. The physician of the preceding generation, especially the "country doctor," who seems chiefly to be present to the mind of the writer in the *Courier*, however much he might be able to rely on a natural sagacity in the treatment of disease, was comparatively little aided by science. Medicine, as taught in those days, was more the result of theory than of observation. The opinions of great masters were taken for granted, and their practice was followed blindly, while few thought of verifying their conclusions by diligent inquiry into facts. Auscultation was unknown to our fathers. Phthisis, pneumonia, bronchitis and pleurisy were hardly to be distinguished from each other, and for one and all, the treatment was pretty much the same —bleeding, blistering, vomiting, purging, salivation. Verily, if the old doctor did not give "brown-bread pills" (what evidence, by the way, have we that he did not?) he gave enough blue ones. There have been as great improvements in the practice of medicine within the last fifty years, as in that of any other profession. The youngest physician of the present day is wiser, in some respects, than the most experienced practitioner of the preceding generation. And medicine is still advancing; we do not mean merely in the knowledge of the nature and causes of diseases, but, what flows directly from this, in the means of prevention and cure; and we may hope, we may be sure, that future generations will be longer-lived and more healthy than the present, just as the present most undeniably is superior in these respects to the past.

The *Courier* considers quackery to be the main cause of the pretended degeneracy of medical men of the present day. True it is, there are quacks enough in medicine, but they are the consequence, and not the cause, of the imperfections which medicine shares in common with the other inexact sciences. So long as the world exists, there will continue to be quacks in medicine, as in politics, commerce or agriculture; but in proportion as these sciences improve in exactness, will quackery diminish. The writer in the *Courier* admits that there are already evident signs of the decay of medical charlatanism. Patent medicines are not so profitable as they used to be; and as one delusion after another is exposed to the derision of the public, a lesson is taught, which, after many repetitions, brings forth fruit. The success of quacks is vastly overrated; few of them flourish beyond a brief period, while the small number who reap a rich harvest from the credulity of the public are supposed to be a sample of the rest. It is true, quackery must continue to exist, but its influence will be less felt in proportion as the sciences are perfected, and knowledge extended.

FRACTURE OF THE NECK OF THE SCAPULA.

In our notice, last week, of Dr. Packard's translation of Malgaigne's Treatise on Fractures, we took occasion to refer to the subject of fracture of the neck of the scapula. In referring to the Cyclopœdia of Practical Surgery, for another purpose, we came unexpectedly upon the following statements in the article on Fractures, written by T. Wilkinson King. Their importance, and the comparative rarity of the work in which they occur, we believe will warrant their quotation.

"Mr. Greenwood, of Horselydown, informs me that some years ago an instance of fracture of the neck of the scapula, in which both himself and Astley Cooper were interested, was supposed to have occurred in the case of an old man, who survived the injury six or seven years. The original symptoms were those which are still commonly thought to characterize fracture of the neck of the scapula, and Sir Astley Cooper dissected and removed the parts; but both himself and Mr. Greenwood were fully satisfied that there was no injury to the scapula, and that the principal lesion was a fracture separating a segment of the head of the humerus, which was displaced from the cavity of the joint and lay near the venter of the scapula. Mr. Greenwood also informs me, that he distinctly understood Sir A. Cooper to say that this observation *materially altered his opinion concerning the cases usually considered as fractures of the cervix scapulæ.*"

The above case constituted one of the observations contained in the second edition of Sir A. Cooper's work as illustrative of this accident.

Mr. King, in another part of the article referred to, says, "the nearest approach to this imaginary injury that I have seen, was in a general crush of the body of the scapula, where a line of fracture separated the notch and neck of the bone from the broken body, so that, even here, it might be said that the neck itself was the only part that had escaped. Crepitus was not felt on pressing its processes and rotating the humerus; the roundness of the shoulder was not lost."

This case was under the care of, and dissected by, Mr. Cook and Mr. Hilton.

In another place, Mr. King further says, "Taking a sound scapula and marking out the zigzag lines and oblique planes which a fracture of the neck must describe, and considering the extremely limited di-

rections in which violence can reach the neck, I entirely discard the possibility of the fracture's occurrence as a simple injury."

THE "NEW" SYDENHAM SOCIETY.

We observe that the organization and progress of this Association has been duly announced, not only in the English medical journals, but also in many upon our side of the Atlantic. In previous numbers of this Journal, we have written, at some length, upon the productions and of the dissolution of the original Society. Great interest was taken in the United States in its success: and regret was manifested that it should, at last, by the force of circumstances, be necessarily dissolved. Most of its publications, as we long since stated, are of undoubted and well appreciated value: and such as no physician who wishes good books of reference, and excellent editions of standard medical works, would willingly be without. For our own part, we are glad that we can boast of the presence of the entire set of volumes upon our shelves—and we may add that they have not been *shelved* only, but often consulted with advantage.

It has for some time been a matter of surprise to us that no more efficient steps have yet been taken to establish a branch agency for the publications of the "New" Society in this city. We believe that steps have been taken in other cities of our country to supply the profession with the volumes which are already announced as on the eve of publication, and some of which, we conclude, must by this time be issued. Such works as have been announced, would be sure to receive a hearty welcome amongst us. For instance, we observe the titles of the following valuable books announced in the English journals:—Diday on Hereditary Syphilis: Selected Memoirs on Diphtheria—the authors being Bretonneau, Buchut, Daviot and Trousseau; Kussmaul and Tenner on the Effects of Profuse Bleeding upon the Nervous System; Wagner on Resection of Bones and Joints; Graefe on Iridectomy in the Treatment of Glaucoma and Recurring Iritis: Schroeder van der Kolk on the Nervous System; and the celebrated work of Dr. Gooch.

We have several times spoken with Dr. Salter, of this city—the very efficient "Local Secretary" of "The Sydenham Society" for this section of the country—in relation to the new organization; and have inquired whether anything had been done to secure to medical men here, the advantages which it offers. Dr. Salter's official duties of course ceased with the dissolution of the original Society, but he has manifested his interest in the new one, by writing to the former chief Secretary, Dr. Bennett—and we believe more than once—in relation to the matter. As yet, we learn nothing satisfactory as to any arrangement in regard to supplying us with these publications, which promise so much for such a comparatively small outlay of money. Dr. Bennett's functions, it is true, ceased at the same time with Dr. Salter's, and he possibly has felt a modesty in making himself at all prominent—even in the matter of giving information. We may also say that Dr. Salter made the inquiries to which we have above referred, without the slightest idea of being in any official way connected with the new Society—indeed, he has intimated to us his intention of not being so situated even were he asked to continue in office. This resolution we regret, since all who have subscribed for the Sydenham publications must have been struck, in common with ourselves, with

the fidelity, promptness and efficiency with which he performed all his duties as "Local Secretary"—often, to our knowledge, much to his own personal inconvenience and expense. We would suggest to Mr. Jonathan Hutchinson, of London, that he could not secure the services of a worthier, a more active, or a more reliable agent than Dr. Salter—provided that gentleman would allow himself to be persuaded to continue in the capacity of "Local Secretary." We look with interest for the announcement of the plan of operations for the diffusion of the New Society's publications in this quarter of the world.

DR. MATTISON.

We print the following letters, received since our remarks in the Journal of the 3d inst. respecting Dr. Mattison's advertisement.

"*Centreville, R. I., Feb.* 4, 1859.

"Messrs. Editors,—In reference to your remarks in the Journal of yesterday, under the head "Impudent Fraud," I would say my father's name is published to the certificate of this Mattison without his consent, and I have heard Rev. Jonathan Brayton say the same in reference to his name. My father has no confidence in him as a physician or as a man, and would long ago have published the facts in the case, were it not for giving Mattison a kind of notoriety that he seems to desire. Yours respectfully, M. Fifield, Jr."

"*Providence, R. I., Feb.* 4, 1859.

"Messrs. Editors,—Our names were never given to Dr. Mattison to be used in any way relating to the object and purport of his advertisement and circulars alluded to in the Boston Medical and Surgical Journal of the 3d inst.

Lewis L. Miller, M.D.
Usher Parsons, M.D.
David Smith, M.D."

NEW YORK STATE MEDICAL SOCIETY.

We are gratified to learn that Dr. Durkee, of this city, has lately been elected an honorary member of the New York State Medical Society. The honor is well merited, and the recipient may also congratulate himself upon being united with a scientific body which has long manifested the most commendable zeal and activity in advancing the knowledge and interests of our profession.

Dr. J. Delamater, formerly a resident in Berkshire County, Mass., and now a venerable and highly-respected Professor in the Medical College at Cleveland, Ohio, received an honorary degree from the New York Society at the same time with our friend Dr. Durkee.

DIPHTHERIA.

There have been but few cases of this disease in this city, although it has prevailed extensively in some of the neighboring towns, particularly in Essex County, we are told. We copy the following in reference to the disease, from the *Providence Journal.*

"This disease, a few cases of which occurred in this city last fall, is attracting considerable attention in some portions of the country. In California, it has prevailed extensively, and we are informed that some of the most valuable articles upon the subject have appeared in the medical publications of that new State. These we have not seen.

"In this portion of the country, the only place, so far as we have heard, in which it has assumed a distinctly epidemic character, is Albany, N. Y.

"Dr. Sylvester D. Willard, of that city, has, with much trouble, collected the facts in relation to this epidemic, which he has presented in a paper read before the New York State Medical Society, at a recent meeting. It seems that the first case of diphtheria occurred in Albany as early as the 2d of April, 1858, and a second case on the 20th of the same month. No cases were reported during the month of May. It appeared again in June, and increased slowly, there being but few cases until September, when it began to assume an epidemic character. It had not entirely disappeared at the beginning of the present month. Its greatest severity was in October and November last.

"The disease seems to have been very severe and fatal, as in the city of Albany, with a population of about 60,000, there were 167 deaths, the greater portion of which occurred during the four months, September to December, inclusive. Besides this number in the city, nine more, without the city limits, are included in the statistics reported by Dr. Willard. Of the whole number, only three were adults, the remainder being children mostly under twelve years of age. In thirteen families, there were *two* deaths in each; in three families, there were *three* deaths in each; and in one family there were *four* deaths. The deaths of females were about one third more than of males.

"It seems that one portion of the city suffered more from the disease than the other portions; but no satisfactory connection was traced between the disease and any local causes.

"During the fall there was a general prevalence of sore throat among adults, in Albany. The disease in adults was mild, and required very little, if any treatment, though Dr. Willard supposed it might have been caused by the same zymotic influence that caused the diphtheria. Dr. W. supposes that there were 2000 cases of this sore throat in the city; and *not* 2000 cases of diphtheria, as has been erroneously stated in the papers.

"We shall look with interest for the publication, in full, of the paper read by Dr. Willard."

THE Catalogue of the Jefferson Medical College, of this city, contains 570 names. The other colleges have not yet issued theirs, but we learn that the matriculating list of the Medical Department of the University is 410, of the Medical Department of Pennsylvania College about 130, and of the Philadelphia College about 100.—*Philadelphia Medical and Surgical Reporter.*

American Enterprise.—A Yankee physician, named Bates, from Ashfield, Massachusetts, has established himself successfully in practice at Kakocandi, Japan. —*London Lancet.*

Health of the City.—The mortality of Boston for the last two weeks has undergone remarkable fluctuations, varying from 44 to 76. Both these figures are low for the season, the former unprecedentedly so; two years ago, at this season, we were having almost as many deaths from scarlatina alone in a single week. Of the 76 deaths last week, 35, or nearly one half, were of children under 5 years of age. The number of deaths for the corresponding week of 1858 was 67, of which 19 were from consumption and 1 from pneumonia.

Communications Received.—Tobacco Smoke in Hydrophobia.—Tape Worm.—Puerperal Convulsions.—Palmer's "Artificial Leg."

MARRIED,—In this city, 16th inst., Dr. Arthur Harris Cowdrey, of Stow, to Miss Mary Wolcott Emery, of Boston.—At Malden, 15th inst., Dr. John L. Sullivan to Miss Helen Lynde.—At Maquon, Ill., Jan. 29th, Dr. R. F. Stratton to Miss Cornelia J. Langley.

DIED,—At Richmond, Va., Thomas Johnson, M.D., Professor of Anatomy in the University of Virginia.

Deaths in Boston for the week ending Saturday noon, February 19th, 76. Males, 44—Females, 32.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—inflammation of the brain, 2—cancer (in the eye), 1—consumption, 20—convulsions, 4—dysentery, 1—diarrhœa, 1—dropsy in the head, 6—infantile diseases, 6—puerperal, 1—erysipelas, 1—scarlet fever, 1—typhoid fever, 1—disease of the heart, 3—intemperance, 2—inflammation of the lungs, 7—marasmus, 1—measles, 1—old age, 1—palsy, 2—premature birth, 1—purpura, 1—teething, 2—tumor (ovarian), 1—unknown, 1—whooping cough, 3.

Under 5 years, 37—between 5 and 20 years, 6—between 20 and 40 years, 17—between 40 and 60 years, 9—above 60 years, 7. Born in the United States, 56—Ireland, 16—other places, 4.